

Cancellation of Automotive Assistance Membership

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Customer Service/Specific Name],

I am writing to formally request the cancellation of my automotive assistance membership with [Company Name], effective immediately. My membership number is [Membership Number].

Due to [reason for cancellation, e.g., financial reasons, lack of usage, etc.], I have decided to discontinue my membership.

Please send me a confirmation of the cancellation at your earliest convenience. If there are any outstanding charges or procedures I need to follow, kindly let me know.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]